

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS666HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2008
NAME OF PROVIDER OR SUPPLIER UMC OF SOUTHERN NEVADA		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 W CHARLESTON BLVD LAS VEGAS, NV 89102		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as the results of a complaint investigation conducted on 8/20/08- 8/26/08.</p> <p>The census on the last day of the survey was 505.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following complaints were investigated:</p> <p>CPT#17296- substantiated (See Tag: S375) CPT#18019- unsubstantiated CPT#15601- unsubstantiated CPT#16442- unsubstantiated CPT#16213- unsubstantiated CPT#15366- unsubstantiated CPT#18328- unsubstantiated CPT#18017- unsubstantiated CPT#17721- unsubstantiated CPT#18007- unsubstantiated CPT#18856- unsubstantiated CPT#18709- unsubstantiated CPT#15642- unsubstantiated CPT#16290- unsubstantiated CPT#18750- unsubstantiated CPT#18822- unsubstantiated CPT#18710- unsubstantiated CPT#16458- unsubstantiated CPT#16211- unsubstantiated</p> <p>The following regulatory deficiencies were identified.</p>	S 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 375	Continued From page 1	S 375		
S 375	<p>NAC 449.3655 Obstetrical - Transfer or Discharge</p> <p>1. No person may be transferred or discharged from an obstetric department of a hospital unless: (a) The transfer or discharge is appropriate based on a risk assessment of the patient This Regulation is not met as evidenced by: Based on interview and clinical record review, the facility failed to ensure a patient was transferred from the obstetric department of the hospital appropriately based on a risk assessment of the patient.</p> <p>Findings include:</p> <p>"Policy #1-6.7.1 approval date 9/27/05: Transfer of Patients - Non Emergent</p> <p>Definition: 1. The physician or a qualified medical person in consultation with the physician, determines within reasonable clinical confidence, that the patient will sustain no material deterioration in his/her medical condition as a result of the transfer and that the receiving facility has the capability to manage the Emergency Medical Condition and any reasonably foreseeable complication.</p> <p>If transfers of patients to outside facilities will be as a result of a physician order.</p> <p>Patients being transfer to other facility will be accompanied by the appropriate medical records as designed by each receiving facility. (name of a local hospital) Hospital Maternal Transport - copy of the entire chart."</p> <p>Patient #12</p>	S 375		

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S 375	<p>Continued From page 2</p> <p>Patient #12 had delivered her baby at home. On 1/23/08 at 0200 (2:00AM), the patient was transported by ambulance and taken directly to the Labor and Delivery Department at the county hospital.</p> <p>The baby was taken to the nursery at another local hospital by the fire department.</p> <p>Patient #12 was assessed by the nurse. On 1/23/08 at 0250 (2:50AM), the patient was examined by the physician.</p> <p>The physician's orders, dated 1/23/08, indicated: 1) transfer to (local hospital the baby was taken to) via ambulance to Labor and Deliver; 2) Fax labs to (name of local hospital) labor and delivery and 3) D5LR (Dextrose 5%/ Lactate Ringer) + 30 units Pitocin IV (intravenous) at 125cc/ hour.</p> <p>The nurse discussed the plan of care with an interpreter present. On 1/23/08 at 0230 (2:30AM), the nurse spoke to the ambulance supervisor on the phone. The hospital that received the infant contacted the county hospital regarding transfer of the mother. The mother was transferred via ambulance in stable condition with the IV infusing.</p> <p>Interview</p> <p>On 8/21/08, the Labor and Delivery nurse manager indicated the patient called the ambulance. The fire department transported the baby to a local hospital. The ambulance driver transported the mother to the county hospital. The Labor and Delivery nurse at the county hospital called the other hospital to bring the baby to the county hospital. The decision was made by the Obstretical resident to send the mother to the</p>	S 375		

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S 375	Continued From page 3 other hospital. There was no evidence a copy of the entire chart was sent with the patient to ensure the discharge was appropriate based on the risk assessment of the patient. Complaint #17296 Severity: 2 Scope: 1	S 375			

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